## BEST AVAILABLE COPY

	PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL I	ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED				NU	MBER	EXTRA	ľ	RATE	FEE	1 1	RATE	FEE		
BASIC FEE					10	. X .				345.00	OR	**************************************	690.00	
TOTAL CLAIMS 4 25 minus 20=				?0= ·	5			X\$ 9=		OR	X\$18=	40		
INDEPENDENT CLAIMS 5 minus			3 = !	4	2		X39=	156	OR	X78=	312	1		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		1	+260=		<b>'</b>
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR OR	TOTAL	10925	
/ / CLAIMS AS AMENDED - PART II									TOTAL		JON	OTHER	-	
1/9/06(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REM	CLAIMS MAINING AFTER ENDMENT		NUM PREVIO	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .		Minus	* 6				X\$ 9=		OR	X\$18=		,
	Independent	•	5	Minus	***	4	=		X39=		OR	X78=		72
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	٠	1. 0
	(Column 1) (Column 2) (Column 3)								TOTAL		OR	TOTAL		ł
									LODIT. FEE			ADDIT. FEE	<u> </u>	
AMENDMENT B		CL REM	AIMS IAINING FTER NDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**				X\$ 9=		OR	X\$18=		·
	Independent	•		Minus	***		p p	İ	X39=		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400			.000		
ŀ								L	+130=		OR	+260= TOTAL		1
								A	DDIT. FEE		OR	ADDIT. FEE	L	
┝	The state of the s		umn 1) AIMS		(Colui		(Column 3)	l -			1 1			ŧ
AMENDMENT C		A	IAINING FTER NDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=		X\$ 9=		OR	X\$18=		
ME	Independent	•		Minus	***		=		X39=		OR	X78=		
Ľ	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDENT	CLAIM		<b> </b>	-					
	If the entry in colu	mn 1 ie i	less than th	e entry in colu	mn 2 write	o "O" in col	lumn 3.		+130=		OR	+260=		
••	If the "Highest Nur "If the "Highest Nur The "Highest Nur	mber Pr	eviously Pa	id For IN THI aid For IN THI	S SPACE I	s less tha	n 20, enter "20. In 3, enter "3."	•	TOTAL DDIT. FEE and in the app	propriate bo		TOTAL ADDIT. FEE lumn 1.		

FORM PTO-875 (Rev. 12/99) Application or Docket Number